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INDICATION FORM**

Application Number	10/775,675
Filing Date	February 10, 2004
First Named Inventor	Hoekstra, et al.
Title	Tricyclic Benxodiazepines as Vasopr
Art Unit	1624
Examiner Name	Coleman,
Attorney Docket Number	ORTM-0055/ORT-1476USCNT

I hereby revoke all previous powers of attorney given in the above-identified application.

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	/Mary A. Appollina/	Date	May 9, 2007
Name	MARY A. APPOLLINA/REGISTRATION NO. 34,087	Telephone	732-524-6932
Title and Company	ASSISTANT SECRETARY, ORTHO-MCNEIL PHARMACEUTICAL, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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